

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 575209

FILING DATE

APPLICANT(S)

Art. 34 Pre-Amend

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6	1					
7		1				
8		1				
9		1				
10		3				
11	1					
12	1					
13			1			
14				1		
15				1		
16				1		
17				1		
18				1		
19			1			
20				1		
21			1			
22			1			
23			1			
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49						
50						
TOTAL IND.	4	↓	8	↓		↓
TOTAL DEP.	11	←	9	←		←
TOTAL CLAIMS	15		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						